BEST AVAILABLE COPY

			Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECOR								10/004295				
Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(9				[RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			(minus 20=		•			X\$ 9=		OR	X\$18=	• .
INDEPENDENT CLAIMS			り minus 3 =		*			'X42=		OR	X84=	
MUI	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+140=		OR	+280=	
* If the difference in column 1 is			less than zero, enter "0" in column			olumn 2	•	TOTAL	378	OR	TOTAL	. J
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
Zu	5'05	(Column 1)	(Column 2) ((Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 15	Minus	** /	9	•		X\$ 9=		OR	X\$18=	
AMEI	Independent	.3	Minus	RHY	5	=		X42=	·	OR	X84=	
L	FIRST PRESE	NTATION OF M	JETIPLE DEP	ENDEN	TCLAIM			+140=.		OR	+280=	
!					•			TOTAL ADDIT, FEE			TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								ADUII. FEE		•	~2011. I CE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER MUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		[=]	X42=		OR	X84=	·
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=	
	•							TOTAL		OR	TOTAL	
		(Column 1)		(Onli	ımn 2)	(Column 3)		addit. FEE			ADDIT. FEE	
		ጎ :		ADDI-	1		ADDI-					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
N N	Independent	*	Minus -	***		=-		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	NT CLAIM					1		
			b	C =	lea 100 la	duma 2		+140=		OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	
	ff the "Highest Nu The "Highest Nur	imber Previously F nber Previously Pa	aid For" IN TH aid For" (Total o	is space r Indepen	= is less the ident) is th	an 3, enter "3." highest numb	oer fo	und in the ap	propriate bo	ox in co	olumn 1.	